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***Notice of Independent Review Decision***

***Description of the service or services in dispute:***

X  
***Description of the qualifications for each physician or other health care provider who reviewed the decision:***

X

***Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:***

X

***Information Provided to the IRO for Review***

X

***Patient Clinical History (Summary)***

X is a X who sustained an injury on X while X.

A X evaluation was performed by X on X. The result of X's X evaluation revealed that X. X reported the overall pain as X. X had X. X described the X as X. X reported X. X also complained of X. X had X. X also reported X. X tests of the X were done to monitor X. X demonstrated X. X also demonstrated X. After completing the X Tests, X reported X. It was described as X. X Tests were suspended due to X. Overall, X demonstrated the ability to X, which failed to meet X.

X / X saw X on X for an X. The X score was X; the X score was X; the X score was X. It appeared that X had developed X. Those symptoms appeared to be clinically significant in that they were X. X connected to X appeared secondary X and were X.

X was seen by X on X for a follow-up of X. X completed ODG approved X and had reached X in X. X was experiencing X. X was vital for X to X. X reported X. X was limited with X. X had difficulty with X. X was rated X with X and X with X. On X examination, X was X. X had X, it was X and X. X and X were X. X had X. X had X. X was limited in X. There was X.

Treatment to date included X.

Per a peer review by X on X, the request for X was non-certified.

Rationale: "The Official Disability Guidelines provide criteria for X, including a specifically defined X. The ideal situation is that the plan was X. In this case, the documentation suggests that the X, X. The records do not indicate that the patient has X. Also, it should be pointed out that the patient has been treated at the current facility since X. Despite this X, X has remained X. As such, it is unlikely that X will afford the patient X. Guidelines also state that the patient should not be a candidate for X. In this case, based on the review of the X, peer review, it appears that the patient may be considered for X after the X has X. Based on this information, the medical necessity is not substantiated. Therefore, my recommendation is to NON-CERTIFY the request for X.

Per a peer review by X on X, the request for X was non-certified.

Rationale: "The ODG recommends X as an option when X. The best way to X is with X, rather than X, but when an employer cannot X, a X can be X. This request has been previously denied in a peer review on X and it is not apparent that significant new information has been submitted to support this intervention outside the previous determination. Records suggest X. X may be required. There is no X. The recommendation is for noncertification. Received a call on X. Dr. X indicated this patient had X diagnosed in X and then by X, X was considered X. X was attempted and

the patient X with no improvement or relief. X did remain X. X has a X and X requires X, which complicates X. The guidelines indicate that there is no support for X or the use of X. This case has elevated X and X like X that provide X for a X. The designee does not agree. The recommendation is unchanged and remains non-certified.”

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. Per a peer review by X on X, the request for X was non-certified. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There are no X records submitted for review with documentation of X. There is no documentation of X. Additionally, it is unclear if the patient will be able to X given X. Therefore, it is this reviewer’s opinion that medical necessity is not established.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines

- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)